



Office of the City Clerk
Post Office Box 450
Selma, Alabama 36702
Phone: 334-874-2102 Fax: 334-874-1239

REQUEST FOR INFORMATION

Section 36-12-40, Code of Alabama, 1975

DATE OF REQUEST: _____

DOCUMENT(S)/INFORMATION REQUESTED:

PURPOSE OF REQUEST: *(Please give specific details)*

REQUESTED BY:

NAME: _____

☐ City Official/Employee

ADDRESS: _____

Title/Position (If Applicable):

City State Zip Code

PHONE NO: _____

FAX NO: _____

EMAIL: _____

I hereby acknowledge and agree that the information being requested will only be used for a legitimate purpose. It is further understood and agreed that the information being requested will not be used as follows: (1) to create a scandal; (2) improper use; (3) useless purpose; and/or (4) malicious purpose.

Applicant's Signature

Section 36-12-41, Code of Alabama, 1975

Note: A municipality has the right to charge a reasonable fee for making copies of the records. The copies will be made at the convenience of the office making the copies unless it is deemed an emergency. The charges listed below are now in effect and shall be made payable to the City of Selma. This must be done prior to copies being made and delivered.

Office use only: 1-4000-4000-4020
Amount Paid: _____

Revised 1/23/2006

1-20 copies = \$ 1.25 per sheet
20+ copies = \$1.75 per sheet